

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2005  
Secretary of State**

DOCUMENT# N14766

Entity Name: DEVON GREEN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-2909130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
2180 WEST SR 434  
STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCROGGIN, HENRY  
Address: 490 DENTON PL  
City-St-Zip: HEATHROW, FL 32746

Title: VPD ( ) Delete  
Name: WHITAKER, MARTHA  
Address: 1267 GLENCREST DR  
City-St-Zip: HEATHROW, FL 32746

Title: SD ( ) Delete  
Name: ARNDT, GAIL  
Address: 462 DENTON PL  
City-St-Zip: HEATHROW, FL 32746

Title: TD ( ) Delete  
Name: WESTRATE, JACK  
Address: 526 DEVON PL  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: HEWER, LEE  
Address: 461 DEVON PL.  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: GOLDFINE, MIKE  
Address: 1216 GLENCREST DR  
City-St-Zip: HEATHROW, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BOOMER, TONI  
Address: 481 DENTON PL  
City-St-Zip: HEATHROW, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY SCROGGIN

PD

03/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date